

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00075820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div style="border: 1px solid black; padding: 2px;">M M M / D D D / Y Y Y Y Y Y 01 / 16 / 2014</div> </div>	

Full Name of Payee TARGETED VICTORY			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2014		
Mailing Address 1033 N FAIRFAX ST STE 400			Amount 93545.00		
City ALEXANDRIA	State VA	Zip Code 22314	Transaction ID : SE24-0.038493		
Purpose of Expenditure MEDIA		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 01 / 15 / 2014		
Name of Federal Candidate ALEX SINK		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 13 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought 93545.00			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special General		

Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	93545.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	93545.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Keith A. Davis

[Electronically Filed]

Date

 M M M / D D D / Y Y Y Y Y Y
 01 / 16 / 2014

Signature